

19182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2019 DEC 16 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L11000008848
 1 Limited Liability Company's Name
SILVERBREEZE MHP LLC

2. Principal Office Address - No P.O. Box # <u>925 Cheney Hwy</u>		3. Mailing Office Address <u>PO Box 5923</u>	
Suite, Apt. #, etc. <u>#44</u>		Suite, Apt. #, etc. 	
City & State <u>Titusville</u>		City & State <u>Titusville FL</u>	
Zip <u>32780</u>	Country <u>USA</u>	Zip <u>32783</u>	Country <u>USA</u>

CR2EC41 (1/14)

4. State/Country of Formation <u>FL.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1-21-2011</u>	
6. FEI Number <u>45-5289138</u>	☐ Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name <u>DEMAR LISA M.</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite <u>925 Cheney Hwy</u>			
Apt. #, Etc. <u>#44</u>			
City <u>Titusville</u>	State <u>FL</u>	Zip Code <u>32780</u>	

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 12/16/19--01006--013 **516.29
REINSTATEMENT
2017-2019

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [Signature] Date 12-16-2019
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	DEMAR, LISA	925 Cheney Hwy	Titusville FL 32780

11. E-mail Address _____
 (To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

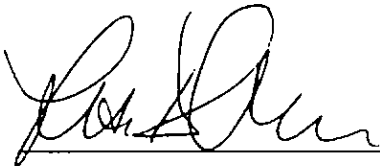
Signature of authorized representative/member [Signature] Date 12-16-2019 Daytime Phone # 321 5378539
 Typed or printed name of signing authorized representative/member LISA DEMAR

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I LISA DEMAR will not REVOKE the Dissolution.

Document number L19000198805

And will file a new filing with the same name.



SIGN NAME

12-16-2019

DATE